

MECKLENBURG COUNTY HEALTH DEPARTMENT  
FOOD & FACILITIES SANITATION PROGRAM  
**Application to Construct, Install, Remodel or Modify a Public Swimming Pool**

Date Received: \_\_\_\_\_ Project Tracking # \_\_\_\_\_ Log # \_\_\_\_\_

The owner of that property described below applies to the Mecklenburg County Health Department for a permit to:

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| <p>1. <input type="checkbox"/> Construct or Install a facility<br/><input type="checkbox"/> Remodel or modify a facility</p> <p>2. <input type="checkbox"/> Commercial<br/><input type="checkbox"/> Residential</p> <p>3. Community Served:<br/><input type="checkbox"/> Fitness/Athletic<br/><input type="checkbox"/> Institution<br/><input type="checkbox"/> Multi-Family<br/><input type="checkbox"/> Hotel/Motel<br/><input type="checkbox"/> Single family homes<br/><input type="checkbox"/> Swim club<br/><input type="checkbox"/> Mixed use (single/multi family)<br/><input type="checkbox"/> Other _____</p> <p>4. Type of Pool:<br/><input type="checkbox"/> Swimming pool<br/><input type="checkbox"/> Spa (whirlpool)<br/><input type="checkbox"/> Wading (baby) pool</p> <p>5. Bather Load: _____</p> <p>6. Initial below to indicate an emergency telephone and required signage will be provided in the pool area.<br/><br/>Initials: _____</p> | <p>7. Pool Surface: _____ ft<sup>2</sup><br/>Deck Surface: _____ ft<sup>2</sup><br/>Average Depth: _____ ft<br/>Maximum Depth: _____ ft<br/>Perimeter: _____ ft</p> <p>8. Volume: _____ gallons</p> <p>9. Water Supply<br/><input type="checkbox"/> Municipal<br/><input type="checkbox"/> Other _____</p> <p>10. Sewage Disposal:<br/><input type="checkbox"/> Municipal<br/><input type="checkbox"/> Other _____</p> <p>11. Backwash Wastewater Disposal:<br/><input type="checkbox"/> Sanitary sewer<br/><input type="checkbox"/> Sump pit with 6" air gap</p> <p>12. Barrier type: _____<br/>Height: _____ ft.</p> <p>13. Drawings Provided:<br/><input type="checkbox"/> Site layout            <input type="checkbox"/> Surface view of pool<br/><input type="checkbox"/> toilet/restroom      <input type="checkbox"/> Cross-section of pool<br/><input type="checkbox"/> Equipment Room    <input type="checkbox"/> Equipment schematics<br/><input type="checkbox"/> Chemical room      <input type="checkbox"/> Piping plan</p> |
|--|---|
14. Name of Owner: \_\_\_\_\_
15. Address of Owner: \_\_\_\_\_
16. Phone: home (\_\_\_\_\_) \_\_\_\_\_ office (\_\_\_\_\_) \_\_\_\_\_ cell/pager (\_\_\_\_\_) \_\_\_\_\_
17. Facility Location: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(street address)
18. Name of Contractor : \_\_\_\_\_
19. Address of Contractor: \_\_\_\_\_
20. Phone: home (\_\_\_\_\_) \_\_\_\_\_ office (\_\_\_\_\_) \_\_\_\_\_ cell/pager (\_\_\_\_\_) \_\_\_\_\_
21. Name of Subdivision: \_\_\_\_\_ Block/Lot # \_\_\_\_\_
22. Name of Complex (Public): \_\_\_\_\_

The undersigned person hereby agrees that the contents of this application are true. It is understood that a permit applied for herein shall be void and of no effect if any of the above facts are not true.

23. \_\_\_\_\_  
Owner/Representative Date of Application

Approval Date: \_\_\_\_\_ By: \_\_\_\_\_ Approval Entered: \_\_\_\_\_